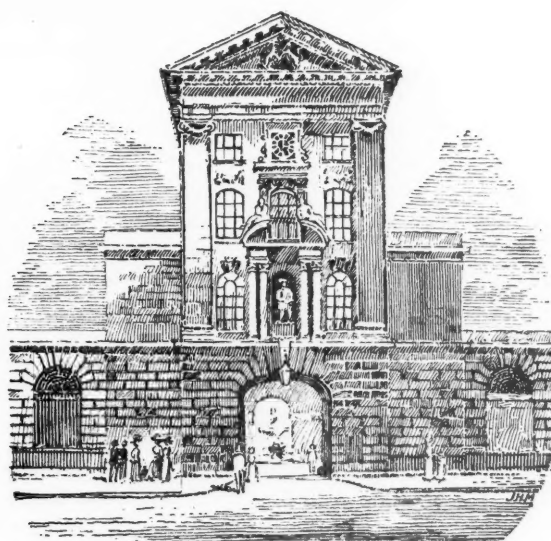


# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXV.—No. II.

AUGUST, 1928.

[PRICE NINEPENCE.

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXV.—No. 11.]

AUGUST 1ST, 1928.

PRICE NINEPENCE.

### CALENDAR.

- Fri., Aug. 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.  
Tues., „ 7.—Sir Percival Hartley and Mr. L. B. Rawling on duty.  
Fri., „ 10.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.  
Tues., „ 14.—Dr. Langdon Brown and Mr. Harold Wilson on duty.  
Fri., „ 17.—Prof. Fraser and Prof. Gask on duty.  
Mon., „ 20.—**Last day for receiving matter for the September issue of the Journal.**  
Tues., „ 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.  
Fri., „ 24.—Sir Percival Hartley and Mr. L. B. Rawling on duty.  
Tues., „ 28.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.  
Fri., „ 31.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

### EDITORIAL.

**T**HE well-intentioned promises (voiced in our last issue) of a fitting tribute to Mr. Harmer have dissolved themselves in that greedy humor—the summer vacation. July and August, like Hell, are paved with intentions quite as good as these, and though you step over one flat stone you must trip at the rough edges of its fellow. When the world becomes sane and hard-worked again, then will we obtain material for an adequate pictorial and verbal representation; but one of the few members of the Staff who yet remain at the wheel has very nobly undertaken the following account without the full data that he would have liked.

\* \* \*

“Many friends and patients will hear with regret that

Mr. Harmer has given up his post in the Throat Department of the Hospital, and perhaps none more than the patients who assemble in Abernethy to see him on Monday afternoon.

Mr. Harmer came to us from King's College, Cambridge, where his skill of hand and eye made him the winner of the University cue. His student career was sufficiently distinguished to enable him to become house surgeon to Mr. Howard Marsh, and from that time he was marked for success.

His period of work as Demonstrator of Anatomy was followed in due course by elevation to the General Surgical Staff as Assistant Surgeon, and about the same time he became Warden of the College.

In the capacity of Assistant Surgeon his energy, his charm of manner and, in particular, the neat dexterity with which he operated made him conspicuous, and a big career seemed assured when his health failed, once more illustrating how important a robust body is to an ambitious mind.

The Hospital was unwilling to lose his services, so “light work” was found for him, namely to reorganize and expand the Throat Department. Hitherto this Department had been under the management of one of the General Staff, and most distinguished management it was, as anyone who visits the Out-Patient Room can see. But it was regarded as a minor addition to the duties of a man already much occupied with other work. Mr. Harmer was to abandon general surgery and give his time to this “light work.” There were few things that he could not do exceptionally well, but taking it easy was not one of them. As a matter of course he became absorbed in his new department, and soon realized that for its full development a special ward and house surgeon were necessary. Accordingly the 20 beds of Abernethy Ward were reserved exclusively for the throat and ear cases, and in January, 1908, Mr. Colin Clarke assumed the duties of house surgeon, to

be followed, in April, 1908, by Dr. A. E. Gow, who was the first house surgeon to take office for a full six months, but has since wandered to the gentler path of physic. Dissatisfied with the results of surgical operation in many cases of malignant disease, Mr. Harmer resolved to try the effect of diathermy. He was the first to use that method at St. Bartholomew's, and obtained sufficient success for his example to be followed by other surgeons in London.

In later years he has devoted more and more time to the treatment of similar cases by radium and X-rays. His energy and persistence have been of great value in exploring the best means of applying this treatment to diseases of the throat and nose. In November, 1927, his demonstration of some 30 to 40 cases treated by these methods made a great impression on all who saw the patients. His share in last year's *Reports* bears witness to the success of his methods.

Mr. Harmer is not going into retirement; he remains a busy man, with a large practice, but feels the weight of a large clinic somewhat heavy for his shoulders. We are exceedingly sorry to lose him, and hope he will continue in touch with the Department for which he has worked so hard."

\* \* \*

The Old Students' Dinner will take place on Monday, October 1st, in the Great Hall, at 7.30. Sir D'Arcy Power will take the Chair. There will be no formal speeches. The price of the dinner will be 26s. inclusive of wine payable at the dinner only. The Great Hall is being re-lighted for the occasion. Tea and coffee will be served in the Library after dinner.—C. GORDON-WATSON, R. M. VICK, *Hon. Secretaries*.

\* \* \*

We are pleased to note that the Hospital took its share in the recent International Conference on Cancer, and showed how much research work has been done in recent years on the modern lines of treatment of malignant disease.

Papers were read in the discussions by Sir Thomas Horder on "A Consideration of Cancer Cachexia." Sir Charles Gordon-Watson, Dr. Donaldson and Mr. Keynes read papers on the relative value of surgery and radiation in the treatment of cancer of the rectum, cervix uteri and breast respectively; Mr. Hume read a paper on the lead treatment; Dr. Finzi and Dr. Canti read papers on "The Action of X-Rays and Radium on Tissues."

On Thursday afternoon the delegates were invited to the Hospital to see demonstrations of operations for the

insertion of radium in cases of cancer of the rectum, cervix uteri, breast and œsophagus. They were also shown many patients who had been successfully treated by radiotherapy. In the Pathological Department the Strangeways Team demonstrated their work on tissue culture, some of which illustrated the effects of radiation on cells *in vitro*, and in another room Dr. T. H. G. Shore had arranged an interesting demonstration of a number of malignant specimens taken from the Museum. The delegates were then taken to the Great Hall, where Dr. Canti showed his cinema film demonstrating all phases of tissue culture, including a dark-ground picture of the intra-muscular structure, and a film showing the direct effect of radium on normal and malignant tissue. It was obvious from the ovation at the end how much this film was appreciated by the delegates.

\* \* \*

That our part in cancer research is keenly appreciated by all sorts and conditions, is shown by the following letter received by the Hospital authorities:

"May I suggest to you that a cure for cancer which seems to me to be feasible is the isolation of the patient for two years. No particular treatment is necessary, except good food and good care. Tuberculosis is *derived* from cancer. The clothing should be the ordinary clothing of the patient. No medicine should be administered. I do not suggest this irrelevantly. Seriously I believe it to be true.

"Concerning which I thank you,

"X.Y.Z."

\* \* \*

#### ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

We think it may be of interest to our readers to know that the result of the Matinee very kindly given by Miss Ruth Draper, in aid of the special reconstruction fund the Guild is collecting, amounted to £714—a magnificent total which needs no further comment.

We are also very pleased to announce that again this year a successful Provision Stall was held at the Hospital Garden Fete. This was splendidly organized and carried through by Mrs. W. G. Lovell, to whose untiring energy we owe a most acceptable sum towards the funds of the Guild of about £235. May we take this opportunity of very gratefully thanking her and all those who helped in any way to produce this splendid result?

The Junior Branch of the Guild, the "Busy Bees," also showed great activity, and in running the "Tip-me-out Boat"—quite one of the most amusing and

successful of the side-shows—realized towards their funds over £8, upon which amount they are to be much congratulated, as it all had to be collected in very small payments of 2d. a time.

## OBITUARY.

### SISTER STANLEY.

**I**T is difficult to realize that Sister Stanley, who left us such a short time ago, full of joyous anticipation of her holiday, will not come back. We miss her sorely, for she has won her place as one of the best of that long line of Sisters of whom we have been so proud and who have done so much to make Bart.'s what it is. Trying to analyse the qualities which endeared her to us, her capacity as a nurse, which was quite first-rate, naturally rises to one's mind. As the Surgeon to the ward, the outstanding point was the perfect trust and confidence with which patients who were dangerously ill could be left in her care with full knowledge that everything possible for their well-being would be done. In the make-up of a good nurse, however, something over and above professional skill is required; there must be added the love of one's fellow creature, and that Sister Stanley had to the full. She loved her patients with the love of a mother for her children, and when they were naughty she loved them just as much, and perhaps a little more. In her turn she was loved by the patients, by the nurses and the students. She made Stanley a happy ward.

Perhaps the time at which Sister rose to her highest was at Christmas. She was the heart and soul of the entertainment; she had something for every patient; she helped the students, made their dresses for them, and was just like a mother with a big family of boys.

Her quiet, cheery presence has gone from us, but her influence lives after her, and many an old patient and many an old Bart.'s man will remember and bless her memory.

Regretting her loss as we do, whether as a nurse, a sister, or as the loyal comrade in the day's work, the sadness of our loss is relieved by the thought that she who spent her best in nursing the sick did not have to suffer the ordeal of a tedious illness, but passed away swiftly, and we may believe without pain, in the full enjoyment of the work in which she was so happy.

GEORGE E. GASK.

## BART'S AND GENERAL PRACTICE.

**T**HE general practitioner of Great Britain is the mainstay of medicine and the guardian of the health of the community, always provided that his education has been efficient and that he possesses common sense. Being the son and the grandson of general practitioners of the "good old type," and being reared in the atmosphere of general practice, I entered my family hospital, St. Bartholomew's, forty-three years ago, and I started my medical curriculum with the full intention of succeeding my father in general practice in a thriving South London suburb.

I had some inkling of the lines of education which would be best for me in taking up this life's work, but all advised me to try for the degrees in medicine of the University of London.

The question has often been raised, Is it necessary or even desirable for a man (or woman) to hold a University degree in order to be a successful general practitioner? Personally I have a quite definite answer to this query. It really matters little so far as the public is concerned, for even yet it has very little knowledge of the value of degrees and diplomas, but what it does know is a good man when it sees him, or rather when it is treated by him. Therefore I am certain that a practitioner holding the "lowest" of diplomas may be among the "highest" of practitioners—nay, further, make and leave a "fortune." But when this is said and done, I am equally sure that every student who has average ability should seek to obtain a University degree in medicine, and chiefly for his own sake, as to secure this will give him satisfaction, and will undoubtedly mean that he has put good hard work into his time spent at the hospital.

With this preliminary, let me turn to the burning question, How can our College and Hospital best train the man who is to become the efficient general practitioner?

I would put in the forefront that it is essential that all that he is taught must be to give him the fullest knowledge possible of the human being, spirit, soul and body, and this can only be done by very close contact with his fellows, living and dead.

He must know the structure of the human body—that is "anatomy"—and he must know the functions of the human body—that is "physiology." But how far has he to delve into these mysteries? All real teachers of these subjects in a medical school are fully alive to the fact that it is impossible to impart the whole



of either subject, even if they themselves were capable of so doing; but they are bothered at times—at least I was—as to what is desirable to teach so that the essential will remain with the practitioner throughout his medical career.

My view is that the anatomy required in general practice can be thoroughly taught in the time allotted to this in the curriculum. But some examiners appear to be at fault in not being content to make quite sure that the candidate has a sound grip of these essentials that go for success. Let a student by all means read the connections of the otic ganglion, and be shown them in a carefully dissected specimen, but why ask him them in a pass examination, when in reality what should be found out is whether he knows all the structures that may be severed when he puts his wrist in contact with smashed glass of an office door? Or again, let the student be informed of the full innervation of the heart and the effects of stimuli upon the heart muscle, but never mind if he has only a confused idea of this when he comes to his examination, provided that he is thoroughly conversant with natural urine and with what abnormal constituents may be found in this excretion. I am absolutely convinced that it is essential to bring all the facts of anatomy and physiology into actual relation with the living subject. To teach on the dead or solely in the laboratory is never going to make a good general practitioner.

When I was an examiner in anatomy I made it a practice to have a living person at hand upon whom I could get the candidate to show me his knowledge of the actions, say, of particular muscles. Take the biceps cubiti for example. How few of those who read this in general practice realize that its chief action is that of supination, and that flexion of the forearm comes second. If they had been shown the action of the muscle on the living they would then have been able to estimate the degree of the loss of function sustained by a carpenter in his work when reporting for disability under the Workmen's Compensation Acts.

Further, it is the student who knows the average amount of urine excreted in the twenty-four hours, and how many acts of micturition is the average in order to void this amount, who is going to be able to help in the early stages of enlargement of the prostate. To have a knowledge of the condition under which indican is excreted is good, but if the other is missing, there will not be found a useful general practitioner.

It is the simple things that are always present and make up the bulk of general practice, and it is the recognition of these simple things in their early stages which lends itself to successful lines of treatment.

W. McADAM ECCLES.

## SOME BOOKS BY BARTHOLOMEW'S MEN.

*The Sessional Address to the Abernethian Society,  
June, 1928.*

(Concluded from p. 148).

John Woodall is the next writer to whom I would draw your attention. He was a colleague of William Harvey, for he acted as Surgeon to the Hospital from 1616 until his death in 1643. A truculent-looking person, he had led a hard life in his younger days when he was surgeon to the colony of English merchants settled on the borders of Poland and Russia. Here he had to treat cases of plague and was himself fortunate enough to recover from an attack. This brought him to London, where he treated many patients during the great epidemic of 1603. He was appointed the first Surgeon-General to the newly-founded East India Company in 1612, and for the use of the surgeons in their employ he wrote *The Surgion's Mate, or a treatise disclosing faithfully the due contents of the Surgion's Chest*. It is a well-written and practical surgery designed for the use of ships' surgeons, each of whom was expected to take a copy with him when he went to sea. He says in his preface that "for divers years past no other surgeon of our nation hath published any book of the true practice of Surgery to benefit the younger sort, these my mean treatises only excepted." One interesting point in the book is Woodall's recommendation of lemon-juice as a good preservative against scurvy. The practice was not wholly new, but the large circulation of *The Surgion's Mate* brought it into prominence. He says: "I find we have many good things that heal the Scurvy well on land, but the Sea Chirurgion shall do little good at Sea with them. The use of the juice of Lemon is a precious medicine and well tried, being sound and good. Let it have the chief place for it will deserve it. The use whereof is thus:—It is to be taken each morning two or three spoonfuls and fast after it two hours, and if you add one spoonful of Aquavitæ thereto to a cold stomach, it is the better. Also if you take a little thereof at night it is good to mix therewith some sugar or to take of the syrup thereof is not amiss. Further note it is good to put into each purge you give in that disease. Some Chirurgions also give of this juice daily to the men in health as a preservative which course is good if they have store (plenty), otherwise it were best to keep it for need. I dare not write how good a sauce it is at meat, lest the chef in the ship's waste use it in the great cabins to save vinegar. In want whereof use the juice

of Limes, Oranges or Citrons or the pulp of Tamarinds; and in want of all these use oil of Vitriol as many drops as may make a cup of beer water or rather wine if it may be had, only a very little as it were sour, to which you may also add sugar if you please or some syrups according to your store and the necessity of the disease, for, of my experience, I can affirm that good oil of Vitriol is an especial good medicine in the cure of Scurvy." The root of the matter, as Carlyle would have said, was in Woodall, in spite of the fact that he knew nothing of vitamins, and it is noteworthy that the issue of lime-juice with a ration of rum has been retained in the Navy until 1927. It is only within the last few months and in a spirit of economy that orange-juice has been substituted for the juice of limes and the rum ration issued with it has been abolished.

The next writer is William Wagstaffe, Physician to the Hospital from 1720-1725. He was a polemical writer belonging to the time of Swift and Arbuthnot. Here is the volume of his miscellaneous writings published directly after his death. They are not very edifying reading, but the book is interesting because it has prefixed to it an obituary notice, the first of its kind, though we are now familiar with them in each volume of our *Reports*. They lend, I think, an added horror to death.

John Freke was Surgeon to the Hospital from 1726-1755. He is buried with his wife under the canopy of a fifteenth century tomb in the antechapel of our little Church. Next time you go to the Steward's Office look up at the great gilded chandelier. It bears an inscription saying that it was made by John Freke in 1735 and shows that he was a skilful carver and gilder. He was the first to be given charge of the eye patients who came to the Hospital, and we also owe him a debt of gratitude because he laid the foundation of our Pathological Museum. He wrote this essay on the art of healing. The articles are very short, but he shows himself as a very early example of the physiological rather than of the anatomical surgeon. He was thus, in a dim way, the forerunner of Abernethy and of Paget. The last chapter in the book is perhaps the most important. It is headed "Of the Empyema," and he says: "This disease is an imposthumation in the Breast; and as most Authors recommend to the Surgeon not to open them till some thin point offers itself to the Touch, it gives me the occasion of treating of this disease, for there are many people living now who would not have been so had it not been for a peculiar observation I have made from the opening of a dead body heretofore, whose left hemisphere of the Thorax was so full of matter that the ribs were all lifted up with it, when I opened the breast it discharged more than a gallon. This set me on

examining afterwards into this disease and by the result of that examination I have been instrumental in saving the lives of many who if they had stayed till some point had offered would probably have lost them; for I have very often discharged not less than a gallon of purulent matter at once through an aperture made by incision betwixt the ribs when no inflammation has appeared on the part.

"The best method of doing this operation is to divide the skin with the intercostal muscles near to the Pleura and that I choose to push through with my finger for safety. When I have discharged the matter I keep the wound open by a canula large enough to discharge such glutinous matter with small sloughs through it as are separated from the lobes of the Lungs." It thus appears that the modern treatment of empyema by incision and drainage may fairly be said to have originated in this Hospital.

Percival Pott bridged the gulf which separates the end of the old era from the beginning of the new. In Pott's writings there are many traces of the old order, but in spirit he belongs to modern surgery. He takes us to the bedside, shows us what to observe and tells the result of his own experience. John Hunter, his pupil, was immeasurably superior to him as a scientific surgeon, but Pott was the better practical surgeon. All his works are well worth reading, not only for the material, but for the side-lights which they throw upon the Hospital practice of his day. Here is an example: "A girl about fifteen years old, crossing Smithfield on a market day was tossed by an ox and fell with her head on the flat stones within the posts. As her dress was mean and nobody knew anything of her, she was brought senseless into the hospital. She had a large bruise on the right side of her head, through which I plainly felt a fracture with depression. The scalp being removed from that part, the fracture was found to be large and the depression considerable. I applied a trephine on the inferior and undepressed part and by means of an elevator raised the whole to perfect equality. Her head was dressed lightly and sixteen ounces of blood were taken from her. She passed the following night very unquietly and the next morning was still senseless. She was again freely bled and a purge was given which soon operated. On the third day, her pulse admitting and her circumstances requiring it, she was bled again. On the fourth day she became sensible and on the fifth was surprizingly well. She remained so until the ninth, on the evening of which she complained of headache, sickness and giddiness. She was again let blood and put under the direction of the physician who ordered some medicines for her. From the ninth to the thirteenth day she remained

much the same, that is to say feverish and complaining of heat, thirst, headache and watching. On the fourteenth day she had a severe rigor and the sore on the scalp as well as the denuded dura mater wore a very bad aspect. From this time she became daily worse and worse in every respect; and on the twentieth day from that of the accident she died, having been terribly shaken by spasms for several hours.

"All the internal surface of the os parietale above the fracture was detached from the dura mater and covered with matter which could not obtain free discharge at the perforation, the membrane being inflamed and thrust up tight against it.

"I will pretend to assert that repeated perforation of the upper part of the bone would have preserved her, but I must say, as the case turned out, it would have been her best, if not her only, chance; and that if I had known at that time as much of these cases as I think I have since learned, I should certainly have taken away the greatest part if not the whole of what had been depressed."

John Abernethy is our next great surgical writer. His name is still a household word in this Society as well as in the Hospital. His reputation depends upon the fact that he was the first physiological surgeon as opposed to those who based their practice on anatomy. He looked upon an operation as an *opprobrium chirurgiæ*, partly because he was timid by nature and disliked operating, partly because he was a devoted admirer of John Hunter, who held the same views. It is difficult to hold a water-closet in respect, but I do as regards that which is placed in the surgeon's room belonging to what is now the Etherington-Smith Theatre, for it was there that Abernethy retired to vomit before he undertook a large operation in that theatre. Abernethy was a great teacher and he filled the school with his pupils. You all recollect the description of his lectures given by Dr. Latham: "We never left his lecture room without thinking him the prince of physiologists and ourselves only just one degree below him. His mode of entering the lecture room was often irresistibly droll—his hands buried deep in his breeches pockets, his body bent slouchingly forward, blowing or whistling, his eyes twinkling and his lower jaw thrown considerably beneath the upper. Then he would cast himself into a chair, swing one of his legs over the arm of it and commence his lectures in a most *outré* manner." The book by which he was best known in his own day was *Surgical Observations on the Constitutional Origin and Treatment of Local Diseases*, which he always and very constantly referred to as "My Book." In it he told how to treat surgical diseases rather by diet and medicine than by

operation. His main thesis is that local diseases generally arise from disturbance of the constitution at large, often associated with digestive troubles. His conclusions are no longer warranted, for he knew nothing of bacteriology, of the physiology of digestion or of disease of the internal organs. Nevertheless he had much common sense, and in a plethoric, overfed nation his plan of treatment was efficacious. He says: "I have recommended patients to take as much exercise as they could, short of producing fatigue; to live much in the open air. . . . Many people who are extremely irritable and hypochondriacal and are constantly obliged to take medicine to regulate their bowels whilst they live an inactive life, no longer suffer from nervous irritation or require aperient medicines when they use exercise to a degree that would be excessive in ordinary constitutions." Abernethy was absolutely fearless and straightforward. He carried on the tradition of our School, which is at least as old as Percival Pott, that we should treat our patients as human beings, that we should be honest in all our dealings, and that we should remember we practise a profession and do not carry on a trade; in other words, that we look first to the needs of the patient and only secondarily to the fee.

Peter Mere Latham wrote a little volume of *Lectures on Subjects Connected with Clinical Medicine*, which I often read for pure joy of the style in which he has clothed his thoughts. It ranks with or a little before Sir Thomas Watson's *Lectures on the Principles and Practice of Physic*. You can buy it for sixpence at a second-hand bookstall, and if ever you see it there, secure it and have it bound, for it is one of the *opera aurea* of our School. Dr. Latham was Physician to the Hospital from 1824 to 1841. Here is a sample of what he taught: "I have been physician here for eleven years. Having no formal lectures to give I have considered my business to be expressly in the wards of the Hospital; and I have thought myself expressly placed there to be a *demonstrator* of medical facts. I use the term *demonstrator* because it will at once carry my meaning to your minds; which is that I have looked upon myself as engaged to direct the student where to look for, and how to detect, the object which he ought to know; and, the object being known, to point out the value of it in itself and in all its relations."

From Latham we pass to Sir William Lawrence, the great pupil of John Abernethy, surgeon, orator, zoologist, and first-class fighting man; he was attached to the Hospital from 1799 to 1865. He published in 1819 a volume of *Lectures on Physiology, Zoology and the Natural History of Man* which raised a storm of opposition, for they were in advance of their time, as tending to show that the Mosaic Cosmogony was not



to be taken in its literal sense. His encyclopædic knowledge of the surgery of his time may be judged by the fact that "Lawrence on Rupture" and "Lawrence on Diseases of the Eye" were standard text-books for many years. His son was Treasurer of the Hospital; his grandson, as one of the Almoners, and as Chairman of the College Council, takes an active share in the management of the Hospital and of the School.

A generation later than Lawrence and yet contemporary with him was the silver-tongued Paget, equally great as a pathologist and as a wise surgeon; a recognized master of surgery throughout the world, beloved by all who knew him for his integrity, the purity of his ideals and his great power of exposition. His *Lectures on Surgical Pathology* were published in 1853, and they show how much our Museum was indebted to his fostering care. His charm of style is exemplified in the following passages, where, speaking of John Hunter, he says in his Hunterian Oration: "I cannot doubt that he attained that highest achievement and satisfaction of the intellect when it can rest in a loving contemplation of the truth; loving it not only because it is right, but because it is beautiful. I cannot doubt that in the contemplation of the order and mutual fitness in a great field of scientific truth there may be, to some high intellects, a source of pure delight, such as are the sensuous beauties of nature to the cultivated artist-mind, or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed a calm, pure happiness. So Reynolds, his friend, seems to tell of him in that masterpiece of portraiture which teaches like a chapter of biography. Hunter is not shown as the busy anatomist or experimenter pursuing objective facts; the chief records of his work are in the background; he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can only be intellectually discerned. The clear vision of that world was his reward. It may be the reward of all who will live the scientific life with the same devotion and simplicity."

There are many other writers connected with the Hospital of whom I could tell you did not time fail one. Of Kirkes, who wrote the text-book of physiology; of Dr. Gee, whose learned and at the same time useful little manual on *Auscultation and Percussion* was in the hands of every medical student two generations ago; of Mr. Morant Baker, who first interested us in the history of the Hospital by the paper he read before this Abernethian Society; and of Sir Norman Moore, whose monumental work must ever remain the standard history of this ancient charity. But the end is not yet. The literary tradition is being carried on in an

ever-widening stream, and by none more swiftly than by Mr. Geoffrey Keynes, who not only performs all his surgical duties most admirably, but has established his reputation in the highest circles of bibliography.

In conclusion I should like to show you two poems in Latin which are associated with the Hospital. The first is "Grove's Carmen," which gives a detailed account of an experiment by Dr. William Harvey to demonstrate the circulation of the blood in a dog. It is, I suppose, the only poem written by a Bishop of the Church of England describing a vivisection, for Robert Grove became Bishop of Chichester a year after it was written.

The other poem is equally interesting to us. It is the "Carmen Elegiacum," written by Dr. Bridges, the Poet Laureate, when he was serving as one of the Casualty Physicians in 1876. It is dedicated to Dr. Patrick Black. The title-page tells you that it treats of the history of the Hospital, of our notable predecessors, and of various members of the staff at the time it was written. It ends with an account of the clinical teaching of Dr. Patrick Black, to whom he had acted as house physician.

D'ARCY POWER.

## A CASE OF MILIARY TUBERCULOSIS OF THE LUNGS.



MILIARY tuberculosis of the lungs in an adult, aged 73 years, is a very rare condition, and therefore the following case has been put on record:

Mrs. E. W—, æt. 73, was admitted to Harley Ward on May 7th, 1928, with the following history:

Early March, 1928: Slight cough, but no sputum.

End of March, 1928: While chopping wood she sustained an injury over the left eye. A small ulcer formed and gradually spread. She felt "run down and lifeless" and "feverish" at nights.

End of April, 1928: Glandular swelling formed in the left pre-auricular and submaxillary regions.

In the past, with the exception of some loss of weight since 1925, she had always been healthy. During 1918 she was nursing a son who died of pulmonary tuberculosis. There is no history of recent contact with anyone suffering from phthisis.

On admission she was a healthy-looking woman, temperature 98.4° to 99.6°, pulse 104, respirations 24. Over the left eye was a small, innocent-looking ulcer. Chronic inflammatory fluid swellings were present in

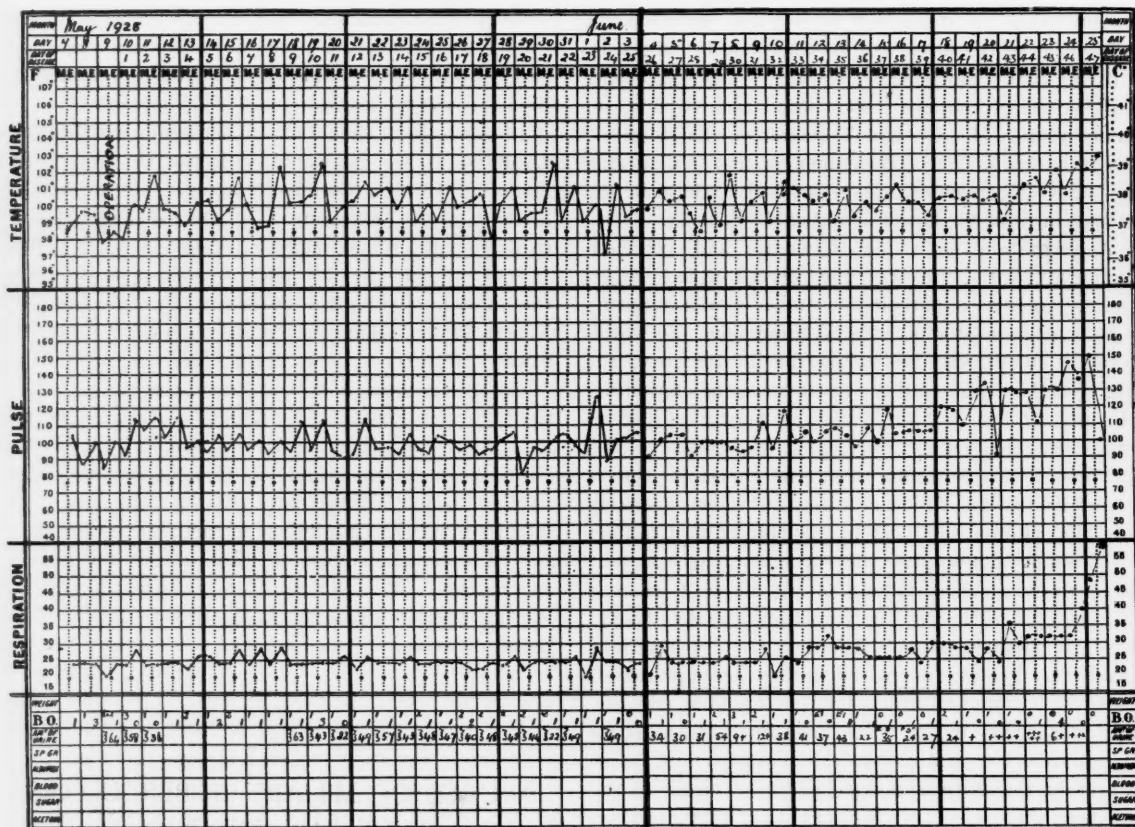


CHART FROM CASE OF MILIARY TUBERCULOSIS.

pre-auricular and left submaxillary regions. The chest, abdomen and urine were quite normal.

*Course of disease.*—The pre-auricular and submaxillary abscesses were incised and pus evacuated in which staphylococci were found. The ulcer over the left eye proved on section to be chronic inflammatory in character, probably tubercle.

For a period of seven weeks before death the temperature continued to vary from 98° to 102·8° (see chart). On June 13th an X-ray picture was taken of the chest (see plate), and the following condition was found: Lungs—the whole of both lung fields show diffuse mottling of an irregular nature, but not distributed along the bronchial tree.

X-ray diagnosis: Bronchiectasis or miliary tuberculosis.

On June 21st she was seen by Sir Percival H. S. Hartley, who made the following note: "The chest shows no physical signs beyond emphysema. Breath-sounds vesicular, no added sounds. No impaired note. The breathing a little quickened. No cough. No

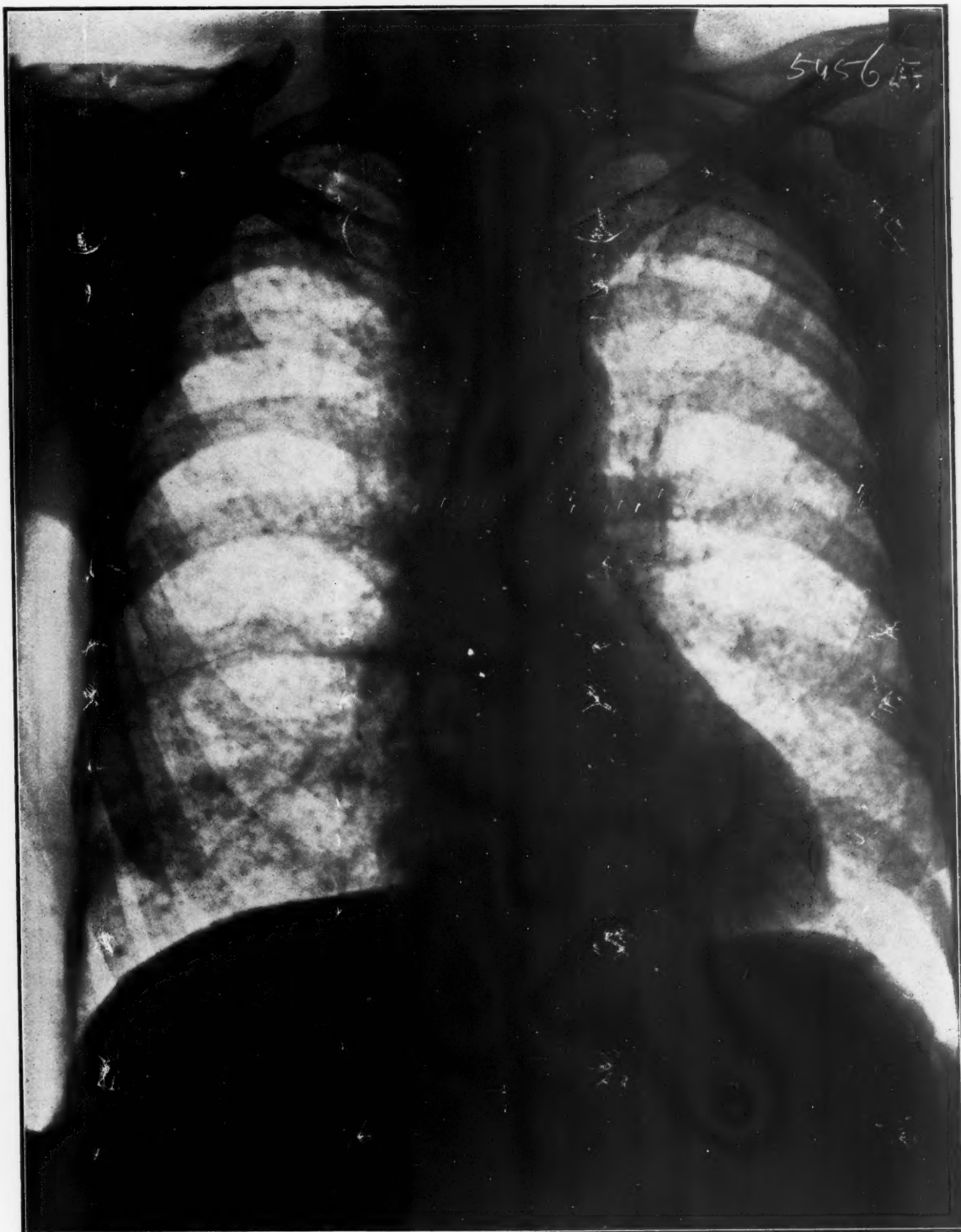
sputum. Pulse rapid. Slight cyanosis. Temperature chart shows continuous temperature since admission. X-ray shows generalized fine mottling. Diagnosis: Generalized tuberculosis of the lungs."

At the post-mortem held on June 25th, 1928, the following conditions were found:

The body was that of an emaciated woman with discharging sinuses situated in the left pre-auricular and left submaxillary regions. A small "cold" abscess was found under the left sterno-mastoid muscle, situated amidst a group of caseating glands.

Throughout both lungs were generalized small yellowish nodules which were rather larger than ordinary miliary tubercles. The gland at the bifurcation of the trachea was enlarged, softened and caseous; one or two other glands in the posterior mediastinum showed similar but less advanced changes. The lungs showed no older focus of tuberculous disease. No miliary tubercles were discovered in the other organs of the body. The mesenteric glands were natural.

Histologically the lungs showed areas of advanced



SKIAGRAM OF LUNGS IN A CASE OF MILIARY TUBERCULOSIS.

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miliary tubercles which contained numerous tubercle bacilli. The cervical glands were filled with masses of tubercle bacilli.

In conclusion the above case is of particular interest for the following reasons:

- (i) The rarity of this condition.
- (ii) The absence of physical signs in the chest.
- (iii) The X-ray pictures, on which the diagnosis was mainly based.

I am indebted to Mr. Rawling for permission to publish this case.

A. E. FRASER-SMITH.

## THE VOYAGE OF S.S. "TEIRESIAS" OF LIVERPOOL.

(Continued from p. 153.)

*Tuesday, October 18th.*—South China Sea. This morning we sailed at 6 a.m., just before sunrise. By 7 a.m. we were out at sea again and soon passed Bias Bay, "the pirate stronghold," and have been steaming within sight of the coast, about ten miles off.

The land here is very mountainous and barren. We have passed through fleets of hundreds of junks to-day. There's quite a fresh wind blowing. One thing that impresses me about the East is that the struggle for existence is very much harder than in England. The standard of living is very low, too. Egypt was low, but the Far East is much worse. The sea here is greenish, as it was off Egypt—a sign of shallow water.

*Wednesday, October 19th.*—East China Sea. It's still blowing half a gale. To-day we changed from "whites" to "blues," i. e. back into blue uniform.

We are still in sight of the coast and have passed through the Strait of Formosa into the East China Sea. The wind is increasing in force. It takes me all my time to walk against it. It's quite hard to open a door in the wind—it takes both shoulders down to it and all my weight on it. When I let it close again it shuts with a bang that would cut the fingers off if they got caught. Still, it's not cold—about 68° F.—and is quite pleasant in its way.

This morning one of the seamen had his hand crushed by some tackle.

He has a lacerated wound of the right little finger and much bruising in the hand.

I am doubtful as to whether he has fractured a phalanx in the little finger. However, there is no deformity, and I cannot elicit crepitus, though it is exquisitely tender.

I have put his finger on a splint and reported him as unfit for general duty, but fit for "look-out."

I always try to keep the men on some sort of light duty if possible, as I think the seaman taken off all duty, with nothing to do except sit on his bunk, is inclined to worry about himself and become despondent.

*Thursday, October 20th.*—The morning round of inspection is quite a little walk. The ship is 490 ft. long, and I go from end to end of her twice, altogether covering about  $\frac{1}{4}$  mile. The centre castle (where our cabins are) is 156 paces round, and I usually do half a dozen circuits every morning for exercise. We are due into Shanghai to-morrow morning, but shall probably spend only one day there, so I'll be pretty busy, I expect—still, I hope to get ashore for a few hours before we leave again.



A COALING GIRL WHO OBJECTED TO BEING "SNAPPED"  
"THIRD DEGREE" BY THE BOS'N AND THE CARPENTER.

This afternoon we passed a whale blowing. We were quite close before it dived.

*Friday, October 21st.*—Shanghai. We entered the river Yantse at dawn and then steamed down one of the branches—the Yantse Poo. This is where Shanghai lies. The country is quite flat, and a mist hung over the river, delaying us for two hours. There appeared to have been a collision higher up stream, judging by the sampans dashing about.

We finally made fast at Holts Wharf in Pon Tung, on the opposite bank to Shanghai and in Chinese territory, at 8 a.m. Holts Wharf is occupied by British troops, and the cruiser "Keppel" lay astern of us, and the destroyers "Wishart" and "Wild Swan" just ahead. Out in the stream lay the Blue Funnel ships

"Aeneas," homeward bound, and "Bellerophon," taken over by the War Office as a transport. There was also the transport "Assaye." In the morning I went ashore. I spent a little time looking at the Bund—the waterfront—and later visited the Chinese hospital. I inquired there for the superintendent and asked about the presence of any cases of osteomalacia, but unfortunately they had none. I then went on to the St. Luke's Hospital in the Chinese quarter and asked again there. They had none either, but showed me X-ray photos of a case. Then I called on Dr. J. A. Maxwell, in Yuan Ming Yuan, an old Bart.'s man. He was kindness itself and gave me a couple of articles on the subject. They are by his brother, the Professor of Obstetrics in Peking.

The work of unloading the cargo proceeded all night. The most difficult part was unloading the miles of submarine cable, which had to be run out of the hold and coiled in a lighter. The Chinese coolies handling cargo work in pairs, with a bamboo pole between them; everything they carry is slung from this. All the while they keep up a sort of chant.

In the city there did not appear to be much evidence of unrest, as the Nationalist (Southern) forces

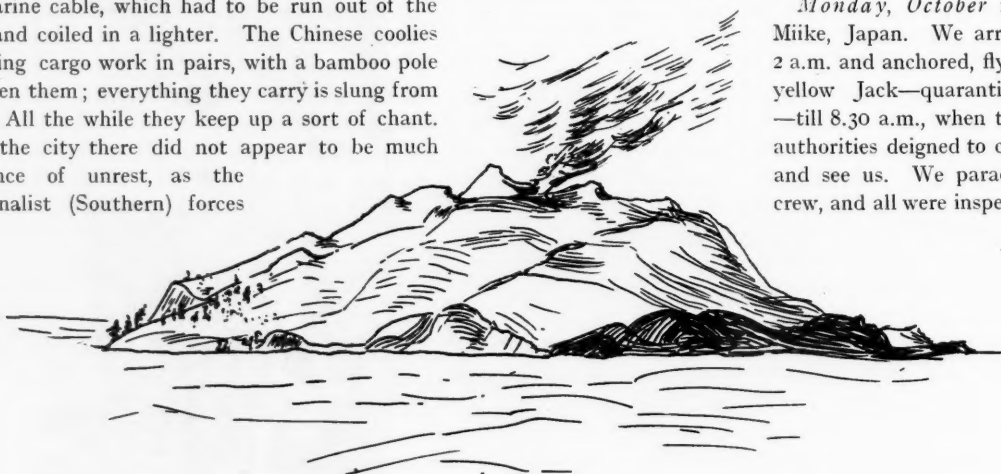
midnight, and shall enter in the early morning. We are going to coal here. Miike is near Nagasaki, in the island of Kyushu.

Before we left Shanghai for Japan the Japanese authorities sent on board a hundred cardboard boxes. These were to enable us to collect specimen stools from each member of the ship's company.

The purser and I accordingly labelled the boxes with the names of the crew. We then paraded the crew, section by section, and I explained the necessity of this examination to guard against the spread of cholera, and issued the boxes. I also told any man who developed diarrhoea to report to me *immediately*.

The stools were collected that evening. Next day they were taken ashore by the port medical officer and examined before our quarantine was raised.

*Monday, October 24th.*—Miike, Japan. We arrived at 2 a.m. and anchored, flying the yellow Jack—quarantine flag—till 8.30 a.m., when the port authorities deigned to come off and see us. We paraded the crew, and all were inspected by



VRIES ISLAND—AN ACTIVE VOLCANO—ABOUT 60 MILES FROM FUJIYAMA.

have conquered all this province and the front is now much further north. The police control the traffic, and the British troops are not very much in evidence, except drilling on the Bund, and at the boundaries. Several of the crew have bought canaries and linnets here. Our next port is Miike, in Japan.

*Saturday, October 22nd.*—We sailed at 6 a.m. and were again delayed by the mist, but got out into the main stream of the Yantse by 9 a.m. The river here is very wide—I should guess six miles across. For miles after we got out to sea the water remained a yellow brown. The Japanese regard Shanghai as a "cholera port," so we are having to take all precaution. I advised the captain to take no food or drinking water on board there, though, so we are pretty safe from infection.

*Sunday, October 23rd.*—To-day we are in blue water again. This afternoon we passed some outlying islands, belonging to Japan. We expect to reach Miike about

the port medical officer and myself. Then we entered the harbour—still flying the yellow Jack. Only the master, chief officer, purser and I were allowed ashore.

We got alongside the wharf at 11.30 a.m., and started coaling. They have the latest equipment here—huge elevators which take up a truck-load of coal at a time and tip it in. They can handle over 300 tons an hour this way. We took on board 2000 tons. On board we had gangs of Japanese trimmers levelling the coal in the bunkers. Nearly half the trimmers are women, who seem nearly as sturdy as the men. All the haulage is electric, and though the town is a fourth-rate little place, it is electrically lighted.

In the afternoon the purser and I went ashore on business—and pleasure. I went to see if our quarantine could be lifted, but it was no good; we were kept in quarantine till 9 p.m. whilst our stools were examined.

C—had another attack of malaria, and as another Blue

Funnel ship, the "Dardanus," was also in port, I asked her surgeon, Dr. O. Chance, to come on board and have a consultation. We advised C— to go ashore to the British hospital at Kobe. He was nursing a temperature of  $104^{\circ}$ , but ten grains of quinine and ten grains of aspirin soon caused an improvement.

Dr. Chance stayed to dinner with me. I was glad to get his opinion. It is well to get some professional "backing" when sending anyone ashore to hospital.

*Tuesday, October 25th.*—We left Miike at 7 a.m., having coaled all through the night.

It was a glorious day, warm, like an August day at home. We passed through some lovely scenery—the finest I have yet seen. Lots of little islands terraced and cultivated in small farms. Unfortunately we are not going through the Inland Sea.

Later in the day the coast became very fine and rugged. I should think the mountains rise 3000 feet from the water's edge. About 8 p.m. we reached the South of Kyushu and passed through the Van Dimens Strait. There it came on to blow again. There was a heavy current against us, too, so we felt the sea a bit before we lost the lighthouse astern.

*Wednesday, October 26th.*—To-day is another lovely day. We are now in the Northern Pacific. We are bound for Kobe, a big industrial port. We expect to reach there by daylight. 9 p.m.: We have just anchored off Kobe, and will enter early in the morning.

*Thursday, October 27th.*—Kobe is very prettily situated. The mountains behind the town rise to 2000 feet within three miles of the shore. At 7 a.m. this morning the health officers came on board and we interviewed them.

I found that in response to my telegram from Miike, arrangements were ready to receive C— at the International Hospital here. Consequently I took him up there in a car at 11 a.m. It's a nice hospital, of 20 beds, for Europeans only.

The matron and sister are Canadians, and the nurses Japanese, and I gather the medical staff consist of two British doctors, and other European medical men of different nationalities.

In the afternoon I went up to see C— again, and gave the details of the case to Dr. Bird, who is in charge of the patient. Afterwards I walked to the Waterfalls at Nunobiki—a famous beauty spot. The gorge was certainly lovely, and the falls—quite a slender stream—flow into it at its upper end. I also stopped and watched the Satsuma artists painting Satsuma ware—a lovely form of pottery.

There was one bowl about 7 in. diameter with a design of butterflies in a net that was a work of art, but it was far too dear—30 yen, or £3. I'd have liked to have got it, though.

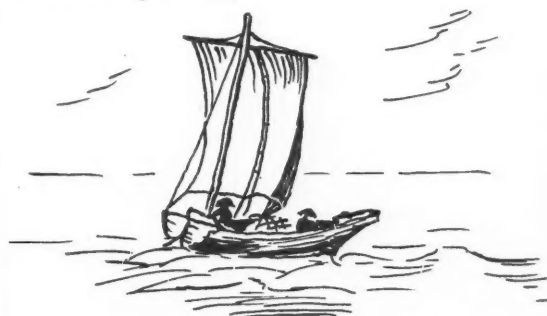
The Japanese quarter is very pretty, and I spent a couple of hours walking round it.

On the hills overlooking the town there is a huge anchor of trees. It was planted in 1905 in honour of Admiral Togo.

*Friday, October 28th.*—This morning we went ashore and I saw C— and Dr. Bird again. In the afternoon at 2 p.m. we sailed for Yokkoachi.

*Saturday, October 29th.*—Yokkoachi. We arrived here at 9 a.m. and moored to a buoy in the river. We took on a cargo of china and porcelain for Amsterdam and Manila.

We sailed again at 3 p.m.



JAPANESE FISHING BOAT, MIIKE. THE SAIL IS IN THE STERN; IT IS TWISTED FURLED AND THEN DRAWN DOWN FROM THE YARD LIKE A BLIND.

*Sunday, October 30th.*—Yokohama. We got here at 6 a.m. The first I knew of it was that a head appeared through my port-hole and announced that the (qualified!) customs boat was alongside. I did a quick "dress." The raincoat dressed me from the neck to the knees and the gum-boots from the knees to the deck. Then the hat went on the head, and there I was, ready, before they were up the gangway! I met the Port Medical Officer and gave him the information he wanted, to the effect that there was no sickness on board, and that we had been inspected and given a clean bill of health at Miike. To-day the Emperor is reviewing the fleet. At 10 a.m. he steamed through the lines to a salute of 21 guns from every ship, while an escort of aeroplanes flew overhead. We lay less than a mile off the fleet, on the left of the line, so had an excellent view of it. There were ten super-dreadnoughts in two lines. Then the two "mystery" aircraft carriers, and further lines of cruisers, auxiliaries, destroyers and submarines. The Emperor's ship was preceded by a cruiser. Then came the Emperor in a super-dreadnought, flying the Imperial flag—a golden chrysanthemum on a red ground.

The customs officer told me there are 173 ships under review—practically the whole Japanese fleet.

*Monday, October 31st.*—Yokohama. This morning we

moved from the outer roads to the inner harbour and moored to a buoy. The breakwater is only just a foot or so above the sea. I'm told before the earthquake in 1923 it rose several feet out of the water, but during the earthquake the sea bottom sank, and its now just awash. I went ashore and looked round the town. It's still largely destroyed: nearly all the buildings are temporary sheds of wood or corrugated iron—the British consulate is a wooden shed like an army hut.

I had no particular objective ashore, so got into a tram and rode out into the country and went for a walk. The trouble arose when I tried to get back. My vocabulary of Japanese is more limited than that of Chinese—I know two words of Chinese and only one of Japanese. However, by solemnly repeating "Hato-bar" in different keys and with various accents I eventually struck a responsive chord. Gradually a small crowd collected. Finally a small boy fetched the village ancient. The old man led me to a tram and spoke to the conductor. After about a mile the conductor turned me out and led me to another tram, where I rang the changes on "Hato-bar" and "Attaboy." The conductor seemed to understand, and nodded.

This tram ran almost down to the harbour—the Hato-bar—and then I was O.K. I got back to the ship.

*Tuesday, November 1st.*—This morning we had a boat drill. Our boats were lowered away to the water, and then the two sailors who had let us down came down the falls hand over hand. I took an oar and toiled away for about half an hour. Then we hoisted our sail and sailed round the harbour and back to the ship.

We are busy re-painting now for the homeward run.

*Wednesday, November 2nd.*—Went ashore this morning and potted around the shops buying some lacquer.

I also bought some silk in the Bentindore—the chief street of Yokohama—and then caught the ferry back to the ship. A municipal ferry launch runs every half-hour between the shore and the ships out in the harbour; the fare is 30 sen—6d.—each way.

To-day one of the Chinese reported sick. He complained of pains in the legs and weakness. I examined him. There was slight œdema of the ankles, and tenderness over the tibiae. His knee-jerks were absent. His pupils reacted normally. His temperature was normal and his pulse-rate 80. His urine was normal too.

I could not make a diagnosis, but hovered between syphilitic periostitis and beri-beri. Finally I decided to fire a therapeutic broadside and go for both. Morning and evening I ordered him to report at the galley for a teaspoonful of yeast, in milk—the best I could do in the circumstances. I also dispensed him an 8 oz. bottle of pot. iodide and liquor hydrarg. perchlor.—Paget's mixture. This he was to take three times a day.

Which of the treatments hit the mark I don't know, but one of them certainly did. In three days both the pain and the œdema had gone, and he was back on duty once more.

*Thursday, November 3rd.*—Tokyo. The purser and I got a day's leave and went up to Tokyo to-day. We made a false start early in the morning: after we were in the launch and on the way to the shore we discovered that as it was a national holiday all the banks were shut. This defeated us, as we had only 2 yen between us, so we had to return to the ship and borrow what we could. We raised thirty yen, and started off again—caught the electric train and reached Tokyo in half an hour. Our luck was out in Tokyo too. The tourist agency, from where we had meant to get a guide, was closed, so we had to do our best with a printed guide to the city. Our first objective was a meal, with which we had some native beer, about equivalent to our lager, helped out with water—pretty thin. We then walked round the shops for an hour and then started sight-seeing. Afterwards we returned to Yokohama.

We missed the ferry, so had dinner in a native restaurant. They produced knives and forks for us. We said "bifsteak," which is the "Japanese" (?) for beef-steak, and it materialized, and we had some more watery "beer"—the "Japanese" for beer. At the restaurant the entire female staff—four girls, two babies and a little boy—sat round to watch the Englishmen eat.

*Saturday, November 5th.*—Yokohama. In the afternoon I was asked to go across to the "Diomed," and found the ship's surgeon on the sick list. I fixed him up as well as I could, and hope he will be more comfortable.

Another Blue Funnel ship, the "Talthybus," has arrived. There are now four of the line in the harbour.

Again "a strong smell of blue funnels." I was told a story—sworn to be true—about Captain I—, of the "Diomed." It was in a gale, and the heavy seas and strong wind lifted the log line and log out of the water on to the deck of the ship. The quartermaster reported it. "The gale has blown the log on board, Sir."

"WHAT?"

"The gale has blown the log on board."

"Oh, is that all? I thought you said it'd blown a dog on board." This morning we sailed at 6 a.m. for Kobe. It was a lovely morning, and we got an excellent view of Fujiyama at sunrise. The snow cap was rose-coloured and very lovely. Later in the morning we passed an island, an active volcano, pouring out smoke.

The glass has dropped an inch, and we are expecting a gale. The wind is already freshening.

E. J. E. TOPHAM.

(To be continued.)



## WHO CHALKED THE PHANTOM?

OR

## THE LATEST IN ELIZABETHAN RUFFLES.

DEAR SIR,—In going over a lot of my papers on coming here I discovered the enclosed. It was written by a muse in Eliza about 1914, and might, if you think fit, be kept for any further edition of *Round the Fountain*, of which I hope to see many.

Yours sincerely,

CHARLES E. KINDERSLEY.

CHALFONT ST. GILES,  
BUCKS.



HO chalked the Phantom?

No one spoke!

Their faces all seemed carved in oak,  
And on each brow the cold sweat broke,  
And in each heart dull fear awoke—  
For what a crime is here displayed!  
Can manhood hear it undismayed?  
Can womanhood look unafraid  
On infants, outraged and betrayed?

Who chalked the Phantom?

On his chest

He bore this innocent request:

"All ye who use me let me rest,

Unchalked, uninked and quite undrest!"

Yet when the world was safe in bed,  
Some well-oiled miscreant swiftly sped,  
And chalked his precious cheeks with red,  
And rudely inked Our Darling's head!

Who chalked the Phantom?

Hark! the cry

Rings to the far cerulean sky,  
As with a fiercely flashing eye  
"The Blue Mouse" madly rushes by;  
Her sunset hair streams out behind,  
Her teeth she starts to gnash and bind  
Like Saul of old her breathings tried,  
Threat'nings and slaughter on mankind.

Who chalked the Phantom?

Forth and back

She courses on the bloodstained track;  
Not the swift feet of Slippery Jack  
Can save him from a sharp attack—  
"Where is the culprit? Tell, oh tell!  
Or I will weave a horrid spell,  
And nurses, clerks, houseman as well,  
Shall burn for this day's work in—France."

Who chalked the Phantom?

Echo, say!

Or must we ever rue this day?

For when engaged in any fray

We know "Eliza comes to stay."

And ne'er will peace be quite restored,

Ne'er will our warrior sheath her sword,

Until despised, marooned, outlawed,

She flings the sinner his reward.

Who chalked the Phantom?

Far away,

And evidently quite O.K.,

Completely flexed the Phantom lay

In comfortable L.O.A.

He rocks himself for all he's worth,

He shakes with wicked foetal mirth,

For he alone of all the earth,

Could tell his name and age and birth,

Who chalked the Phantom.

## STUDENTS' UNION.

## SWIMMING.

UNITED HOSPITALS SWIMMING GALA, 1928.

*St. Bartholomew's Hospital v. Guy's Hospital. (Final Inter-Hospital Cup-tie.)*

The Gala was held, as usual, at the Bath Club, on June 3rd, and despite the flooded streets attracted a record number of spectators.

In the swimming events we lost our chance of obtaining the Cup owing to the indisposition of Sutton, who had to scratch from the 100 yards; the latter, however, won the 200 yards with ease, beating the existing record by 8 seconds. In the team race we tied with Middlesex for second place to Guy's, while Vartan obtained fourth places in both 50 and 200 yards. The total points placed Guy's first once more, with Middlesex second and Bart.'s third.

The last item on the programme was the polo match. The Hospital lost the toss, and started off at a disadvantage in having to defend the shallow end first. Vartan obtained possession and passed back to Sutton, who again passed forward. After some play at our opponents' end of the bath the ball returned to our half, and Sutton, beating their centre-forward, dribbled up the bath and hit the bar with a fairly long shot. Play remained in our favour, thanks to Sutton's defensive work, and our forwards had several ineffective shots; eventually a corner for us found Vartan unmarked, and this time he made no mistake and scored with a high shot. Sutton was first at one end of the bath and then at the other, but was always there when wanted; there were a few tense moments during some close play within our 2-yard line, but Williamson defended well, and ultimately cleared to Sutton, who took advantage of the existing confusion to go up and score alone. Meanwhile De Gruchy, of Guy's, had caused some consternation by continually leaving his position at right back and coming up into our half, his superior speed making it difficult for Race to follow him closely; on several occasions close marking by our backs prevented good combination between him and their forwards resulting in a goal, but eventually, just before half-time, a penalty for them found him loosely marked, and he scored with a beautiful shot in the top corner.

At the change-over, then, everything pointed to the possibility, almost the probability of our winning the match, provided our defence did not break down. But it did break down in a way which it was impossible to foresee. De Gruchy, who, as previously stated, had caused trouble by coming up forward, now found himself in the shallow end, and made full use of the opportunity of recuperating

thus afforded him. Time after time he broke away from his position, valiantly but vainly pursued by Race, and dribbled up the bath, and although Sutton, who, by virtue of his speed, was alone justified in leaving his man to tackle him, did his best to save the situation, his tactics on the whole succeeded, and he scored several times in quick succession. Sutton also was evidently not up to the mark, and made several mistakes, and although he worked like a Trojan and seemed to be everywhere at once, missed several shots at the shallow end. Our forwards, too, were successfully smothered by their backs, and were unable to put to good use what few opportunities they had. West played well, and so did Williamson, but the latter was unable to cope with their fast and accurate shooting and let through five in the second half, the game closing with the score at 6-2. This game was very fast and very enjoyable, and compared with a result of 9-0 last time we played Guy's two years ago, very encouraging.

Result.—St. Bart.'s, 2; Guy's, 6.

Teams.—Swimming: C. K. Vartan, R. G. Gilbert, R. Sugden, F. A. Edwards (capt.), J. H. West, R. J. C. Sutton.

Polo: J. C. Williamson; J. F. Fisher, J. H. West; R. J. C. Sutton; F. A. Edwards (capt.), C. K. Vartan, R. R. Race.

J. F. F.

#### RIFLE CLUB.

The Armitage Challenge Cup was shot for at Bisley on the four Wednesdays in June. The conditions of seven shots per man at 200, 500 and 600 yards on four occasions call for consistent shooting. The Hospital gained a lead on the first shoot, increased this advantage each week, and finally won the cup by 81 points. Guy's (the holders) tied with London for second place.

#### Scores.

##### 1. St. Bartholomew's:

	June 6th.	13th.	20th.	27th.
A. F. Wallace (capt.)	92	94	93	93
H. J. Burrows	87	93	93	..
F. T. J. Hobday	93	93	92	91
W. A. Elliston	..	..	85	97
F. H. Morrell	90	94	91	93
T. H. N. Whitehurst	88	89	..	91
B. C. Nicholson	93	97	91	95
	543	560	545	560

Total 2208. 2, 3. Guy's and London, 2127. 4. St. Mary's, 1962.

On June 27th, concurrently with the last stage of the Armitage, the United Hospitals' Prize Meeting was held. The Hospital gained the following successes:

200 Yards Cup.—A. F. Wallace, 33 out of 35 points.

Donegall Badge.—T. H. N. Whitehurst, 46 out of 50 points.

300 Yards Cup.—B. C. Nicholson, 34 out of 35 points.

1st Aggregate Cup.—B. C. Nicholson, 129 out of 140 points.

2nd Aggregate Cup.—W. A. Elliston, 129 out of 140 points.

On July 10th, during the Bisley Meeting, the Hospital won the United Hospitals Challenge Cup by the narrow margin of 2 points.

#### Scores.

1. St. Bartholomew's	300 yards.	500 yards.	600 yards.	Totals.
T. H. N. Whitehurst	30	32	32	94
B. C. Nicholson	32	30	31	93
H. J. Burrows	30	29	32	91
F. T. J. Hobday	29	31	31	91
A. F. Wallace	29	29	31	89
	150	151	157	458
2. London	146	158	152	456
3. Guy's	142	158	139	439

We congratulate F. T. J. Hobday on winning the "Association" Match Rifle Cup during the Meeting.

#### CRICKET CLUB.

The semi-final of the Cup was played on Tuesday, July 3rd, against St. Thomas's on their ground. We were very unfortunate in being without Bettington and Mackie. We lost the toss, but were put in

to bat. Boney and Gilbert opened, and at the third ball Boney failed to get hold of the ball, and was out to a good catch at slip. This was rather a shock, and wickets fell rather rapidly till 5 were down for about 45. Then Anderson made quite a long stay, and Parker made some good shots and very useful runs. We were all out for 91.

Thomas's then went in and made 35 for the first wicket and passed our total for 4 wickets, the whole side being eventually out for 194.

Our batting has been deplorably weak this season, and we failed badly in this game again. The fielding was good on the whole, and the bowling steady at first, though it grew slack at the end.

We thus lost rather easily a game which, with more caution in batting and steadier bowling, should have been won.

## CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I have received on behalf of the Society not only a very interesting but a very instructive Journal. It is the *Bart.'s Hospital Journal*, of which you may be deservedly proud.

With many thanks, I am,

Yours sincerely,

Sheffield University Medical Society,  
Western Bank,  
Sheffield.

CHARLES H. LEVICK,  
Hon. Secretary.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

CHAMBERS, GUY, F.R.C.S. "Solitary Ulcer of the Bladder." *British Medical Journal*, June 16th, 1928.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Fibrocystic Diseases of the Bone." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London: Oxford University Press.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Astraglectomy." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London: Oxford University Press.

GARROD, SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "The Place of Biochemistry in Medicine." *British Medical Journal*, June 30th, 1928.

GARROD, LAWRENCE P., M.B., M.R.C.P. "Filter-Passing Anaerobes in the Upper Respiratory Tract." *British Journal of Experimental Pathology*, June, 1928.

HAMER, SIR WILLIAM H., M.D., F.R.C.P., D.P.H. "Chadwick Lectures on the History of Epidemiology during the last Hundred Years." *Lancet*, June 30th and July 7th, 1928.

HEY GROVES, ERNEST W., M.S., M.D., B.Sc., F.R.C.S. "The Treatment of Congenital Dislocation of the Hip-Joint with Special Reference to Open Operative Reduction." *The Robert Jones Birthday Volume: A Collection of Surgical Essays*, 1928. London, Oxford University Press.

HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Place of the Voluntary Hospitals in Relation to Health Services." *British Medical Journal*, July 7th, 1928.

HURRY, JAMIESON B., M.A., M.D. *Imhotep: the Vizier and Physician of King Zoser and afterwards the Egyptian God of Medicine*. Second and revised edition, 1928. London: Oxford University Press.

MCDONAGH, J. E. R., F.R.C.S. "The Wassermann Reaction." *Practitioner*, July, 1928.

NAISH, A. E., M.A., M.B., B.Ch., F.R.C.P. "The Rheumatic Lung." *Lancet*, July 7th, 1928.

NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. *Kala-Azar: A Handbook for Students and Practitioners*, 1927. London: Oxford University Press.

PARAMORE, R. H., M.D., F.R.C.S. "Chronic Nephritis, Accidental Haemorrhage and Eclampsia." *Journal of Obstetrics and Gynaecology British Empire*, Summer Number, 1928.

SPILSBURY, SIR BERNARD, M.B. "The Work and Responsibilities of the Pathologist." *British Medical Journal*, June 23rd, 1928.

WEBER, F. PARKES, M.D., F.R.C.P. "Duplication of the Spinal Cord." *British Medical Journal*, June 30th, 1928.

## REVIEWS.

FEVER, HEAT REGULATION, CLIMATE AND THE THYROID-ADRENAL APPARATUS. By W. CRAMER, Ph.D., D.S.C., M.R.C.S. (Longmans, Green & Co., Ltd.) Pp. 153. Price 15s. net.

Dr. Cramer, whose work always bears the stamp of a trustworthy thoroughness, which depends more upon direct experiment than upon philosophizing, is in this book directing his aim largely to the substitution of the conception of sympathetic control of heat regulation for the crude idea of a "heat centre" in the tuber cinereum, which has for so long been considered to act as a thermostat. In his Introduction the author examines the various "indirect" methods of investigating thyroid and adrenal function, such as those of Hartman and of Cannon, and gives conclusive reasons for his preference for the histo-chemical technique on which he bases his argument. This consists for the adrenal in removing the whole gland with minimum manipulation from the recently killed mouse, fixing it in osmic acid vapour, which shows up not only globules of lipid, but also some fine granules, which he proves to be the precursor of adrenalin by the following arguments: (1) Osmic acid is blackened by adrenalin *in vitro*, and (2) these particular granules are formed only in the cells of the adrenal medulla, and are shown to be secreted into the bloodstream under conditions in which adrenalin is otherwise proved to be poured out. Experiments based upon this method showed that extraordinary activity of the adrenals takes place after ether anaesthesia, asphyxia, injection of the dry tetrahydronaphthylamine (or "T.H.N." for short), bacterial vaccines or exposure to cold. The first of these shows that previous experiments performed on asphyxiated animals are completely vitiated; and the last was found to depend not only on the height of the thermometer, but on sudden changes in the thermal environment—a difference between the adrenal and the thyroid of which the mechanism is adjusted for slight changes over a long period of time. Oxygen deficiency and insulin were not found *per se* to induce an active secretion. The functional unity of the cortex and medulla is shown in some of the photographs, especially in Plate III, where, in the zona reticularis, there are swollen cells containing "small black granules, which are not fat or lipid, but probably a precursor of adrenalin." That this is so it seems very difficult to prove.

The thyroid gland presents a different problem, for there is no micro-chemical method available for the thyroid hormone, and ordinary histological methods have to be used, which show increased blood-flow, differences in size of alveoli, shape of cells, differences of staining and amount of colloid, etc. The mitochondria and Golgi apparatus in the lining cells have been studied. All these are well demonstrated by plates and diagrams. Exposure to cold and sympathetic fever (most easily produced by thyroid feeding), which induce a disappearance of colloid and profound morphological changes somewhat akin to those of exophthalmic goitre, are also conditions associated with increased heat-production. T.H.N. and *B. typhosus* have a similar effect, which is more marked in thyroid-fed animals.

Chapter V is a general summary of the endocrine control of heat regulation, and Chapter VI is an extremely able exposition of the glycogenic function of the liver, as explained by the secretory or anti-storage conception, based on the original conclusion of Claude Bernard, which forms a good answer to the "storage" champions, MacLeod and Maclean. Some well-prepared tables and diagrams are given here.

The author's experiments have shown that injection of adrenalin produces a zone of adrenalin-free cells between the cells of the zona reticularis and the medulla, which indicates an inhibitory action protective against self-exhaustion. It is with this phenomenon that he calls "self-control of the adrenal" that the author deals in Chapter VI. This conception is perhaps a little more fanciful than the rest of the thesis and requires confirmation. In addition there is a mechanism which affects an "inhibition" of the functional activity of the gland and manifests itself as a disappearance of the cortical lipid, and is required "in a hot environment under which activity of the gland would lead to the death of the animal by heat-stroke."

In a chapter dealing with "The Pathology of the Thyroid-Adrenal Apparatus" the author's remarks on adrenal hæmorrhage are extremely interesting. Most people, in hospital practice at any rate, are familiar with those cases which start with sudden hyperpyrexia and collapse and die in a few hours, with or without the purpuric eruption described by Dr. Graham Little and others. They are specially important as liable to be diagnosed as hæmorrhagic small-pox or scarlatina. In the last chapter on "Climate and Civilisation" the author allows himself a short and very interesting excursion into biology and discusses Huntington's *Civilisation and Climate*.

We owe this book to the fact that the author stepped aside for a short time from his work on cancer research in order to consolidate his position before investigating the effect of thyroid hormone on cancer-cells, and also the cause of the well-known influence of fever on the regression of cancerous growth, which, perhaps, on false premises gave rise to the use of Coley's fluid.

The step seems to have been thoroughly worth while. Messrs. Longmans, Green & Co. are to be congratulated both on the paper and the very excellent proportions of the printed pages.

IMHOTEP. By JAMIESON B. HURRY, M.A., M.D. Second and revised edition. (Humphry Milford, Oxford University Press.) Price 10s. 6d.

Dr. Hurry's well-known monograph on the Egyptian God of Medicine (the first edition of which was reviewed in our columns by Sir D'Arcy Power), originally intriguing enough, has now become a thorough work of art. Collaboration between printer and author has produced an arrangement of type and a placing of the illustrations which could not have been bettered. There are 26 plates, many of them of absorbing interest: statuettes, bas-reliefs, photographs of buildings and plans are all very well executed.

In dealing with a half-mythical being (*circa* 2980 B.C.), there is bound to be some redundancy of description. If the book has a fault it is a too great repetition of its subject's claims to greatness. Apart from these excursions, which may (who knows?) render the book more pleasant reading by relieving the monotony of bare details, the facts follow one another comfortably to a dignified conclusion. Dr. Hurry has imagination, and the power to assemble the fragments into a graphic account of the conditions under which Imhotep lived, and of the tasks which his various official positions entailed. His gradual transition through the demi-god stage to the full godhead is described with copious reference, and stories are told of his cures and of the ritual of his worship. An entertaining chapter on ancient Egyptian medicine shows how the very advanced knowledge of the Egyptians may have been partly due to the dissection of the body necessitated by the rite of embalming. The book has, however, a much wider appeal both to students of early religions, and to the many who are interested in that more elusive of all civilizations—the Egyptian.

This book is most attractive in format and an undoubted asset to one's shelves. We of this Hospital congratulate the author, and wish him a rapid progress to a third edition.

SOME MORE MEDICAL VIEWS ON BIRTH CONTROL. Edited by NORMAN HAIRE. (Cecil Palmist.) Price 7s. 6d.

Books on birth control continue to appear, and it is difficult to understand what good they do. The arguments are necessarily entirely familiar to everyone who has made a study of the subject. Such an individual will continue to hold his personal views, which will probably not be modified. The people who ought to read these books are those who obviously will never be brought to open them—at least without prejudice.

The present collection has the excuse that it is written to form a companion volume to Sir James Marchant's anti-birth control symposium which appeared in 1926 and contained the views of well-known opponents only—the name "Medical Views on Birth Control" giving rather a wrong impression for the present book. Dr. Haire leads off with a spirited account of the necessity for and the methods of application of contraceptive methods. To a certain extent most of the following contributors overlap this initial survey and each other. Sir James Barr's rationalistic views make good reading.

Dr. Aletta Jacobs, of Amsterdam, is the most significant of the feminine contributors. It is interesting to find that distinguished gynaecologist, Mr. Aleck W. Bourne, add to his long list of strictly organic diseases the broad-minded statement which begins: "It is unwise for a woman to conceive during a period of any form of weakness or ill-health. In modern life there are many indefinable conditions of nervous weakness often called neurasthenia which are usually temporary and amenable to treatment, but which are definitely made worse by child-bearing. . . ." Herein there is great scope for us all.

Perhaps some elderly practitioner, who has hitherto been averse to reading the pros and cons of the subject in the lay and medical press or has missed them on the stage and in advertisements and novels may chance upon this volume, open it with reluctant but gradually dilating eyes, read it right through and set forth on a crusade among his younger patients. But perhaps he may be still afraid to open it at all. At any rate a large public will read the six-page contribution by Sir William Arbuthnot Lane.

## NOTICE.

We are asked to publish the following account of a proposed tour which might well be worth undertaking:

## SOCIÉTÉ MÉDICALE DU LITTORAL MÉDITERRANÉEN.

*Vème Voyage Médical International de Noël, sur la Côte D'Azur.*

Comme les années précédentes, le grand voyage annuel de la Société Médicale (Voyage bleu) aura lieu aux environs de Noël. La concentration se fera à Marseille, dans la journée du Mercredi 26 Décembre. Le Voyage commencera le 27 Décembre au matin, par une visite du port. On passera la journée du 28 à Toulon, et, le 29, commencera l'étude des Stations climatiques et des Etablissements de cure de la Côte d'Azur.

Successivement Hyères, Saint-Raphael, Cannes, Le Cannet, Grasse, Juan-les-Pins, Antibes, Nice, Menton, Monaco, Beaulieu, présenteront leurs richesses thérapeutiques sans égales. Partout, les visiteurs seront accueillis avec la cordialité, le confort et la largesse, qui sont de tradition dans les Voyages de la Société Médicale. De somptueuses réceptions leur seront réservées à Marseille, Cannes, Nice et Monte-Carlo. Le trophée Romain de la Turbie, les Grottes préhistoriques de Grimaldi, le laboratoire du Dr. Voronoff, l'Observatoire de Nice, les merveilleux jardins tropicaux et l'extraordinaire Musée Océanographique de Monaco, seront l'occasion de très intéressantes promenades. Des démonstrations scientifiques, des causeries historiques et géographiques, des leçons thérapeutiques, fourniront au voyageur toutes les explications nécessaires pour rendre son séjour aussi instructif qu'agréable.

Ce beau voyage sur la Côte d'Azur se terminera, au gré du Voyageur, par une excursion dans les Alpes (6-7 Janvier), ou par une excursion en Corse (6-10 Janvier), ou encore par quelques journées de repos à Nice dans des conditions exceptionnelles.

Pour tous renseignements, écrire au Président de la Société Médicale, Dr. M. FAURE, 24, rue Verdi à Nice.

## CHANGES OF ADDRESS.

- BARNES, E. BROUGHTON, "Nine Springs," Billing Road, Northampton. (Tel. Northampton 1002.)  
 BROCKLEHURST, R. J., 20, Eastholm, London, N.W. 11.  
 CUNNINGHAM, F. H. L., Rahere House, Chesham, Bucks. (Tel. Chesham 96.)  
 DAVIES, A. T., 3, Bank Buildings, 8, Prince's Street, London, E.C. 2. (Tel. London Wall 6671.)  
 HURRY, J. B., "Hinton Firs," 15, Gervis Road, Bournemouth. (Tel. Bournemouth 5409.)  
 MYERS, B., 26, Devonshire Place, Cavendish Square, W. 1. (Tel. Paddington 2635.)  
 SYMONDS, H., Caledon Street, George, Cape Province, South Africa.  
 VISICK, A. H. C., Castlegate House, Castlegate, York.

## APPOINTMENTS.

- BROCKLEHURST, R. J., B.M., B.Ch.(Oxon.), appointed Lecturer in Physiology, University College, London.  
 DYMOND, G. H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Fir Vale Hospital, Sheffield.  
 HENSMAN, J. S., M.R.C.S., L.R.C.P., appointed House Physician to the Miller General Hospital, S.E. 10.  
 HOUNSFIELD, M. C., M.R.C.S., L.R.C.P., appointed House Surgeon to the East Suffolk and Ipswich Hospital.  
 SPARKS, J. V., D.M.R.E.(Cantab.), appointed Radiologist in Charge of the X-Ray Department, City of London Hospital for Diseases of the Heart and Lungs.

## BIRTHS.

- DANNATT.—On June 17th, 1928, at Kuala Lumpur, F.M.S., to Marjorie, wife of R. Malcolm Dannatt, F.R.C.S.—a daughter (Helen Marjorie).  
 HEPPER.—On July 1st, 1928, at The Greenhills, Brenchley, Kent, to Rosalind, wife of Major John E. Hepper, R.A.M.C., retired—a daughter.  
 MAWER.—On July 23rd, 1928, at 29, Welbeck Street, W. 1, to Phyllis, wife of P. U. Mawer—a son.  
 STANLEY.—On June 23rd, 1928, at 51, Rue des Belles Feuilles, Paris, to Frances (née Trenor Park), wife of E. Gerald Stanley, M.D., M.S., F.R.C.S.—a fourth daughter.

## MARRIAGES.

- BLACKABY—BARTON.—On June 30th, 1928, at the Church of the English Martyrs, Manchester, by the Rev. J. C. Cooke, M.A., Ernest James Blackaby, only son of Mr. and Mrs. Blackaby, of Harrow-on-the-Hill, to Beatrice Mary, younger daughter of the late Mr. and Mrs. Barton, of Whalley Range, Manchester.  
 BROCKLEHURST—RISK.—On July 4th, 1928, at Charles Church, Plymouth, by the Rev. H. C. Brocklehurst, assisted by the Rev. E. Davies, Robert James Brocklehurst, M.A., B.M.(Oxon.), eldest son of Mr. and Mrs. George Brocklehurst, of Liverpool, to Sybille, youngest daughter of Capt. R. H. L. Risk, C.B.E., R.N. (retired), and Mrs. Risk, of Plymouth.  
 BROOKE—MANSBRIDGE.—On July 4th, 1928, at St. John the Baptist, Busbridge, by the Rev. F. Symes Thompson, Charles Owen Swithin Blyth, only son of the late Rev. C. W. A. Brooke and Mrs. Brooke, of Melton House, Anerley, to Nora Isabel, younger daughter of Mr. and Mrs. G. F. Mansbridge, of Highdown, Godalming.  
 BUCHLER—WRIGHT.—On June 14th, 1928, at St. George's Church, Hanover Square, W., by the Rev. Allen Hay, Vicar of South Mymms, assisted by the Rector, the Rev. Prebendary Thicknesse, Eric Buchler, son of Mr. and Mrs. Paul Buchler, of Charlwood, Surrey, to Dora (Dodo) Wright, elder daughter of Mr. and Mrs. Wilfrid Wright.  
 EDWARDS—SIMCOCK.—On June 27th, 1928, at St. Paul's Church, Heaton Moor, Manchester, by the Rev. A. H. Jeff, M.A., Norman L. Edwards, M.B., F.R.C.S., younger son of Mr. and Mrs. Edwards, of Withington, Manchester, to Margaret Simcock, M.B., eldest daughter of Dr. and Mrs. James Simcock, of Heaton Moor.  
 FRANKLIN—ADAMSON.—On July 3rd, 1928, in the Church of St. Mary the Virgin, Oxford, by the Provost of Oriel, assisted by the Dean of the College and Dr. Simpson, Kenneth James Franklin, Fellow of Oriel, to Ethel Alice, younger daughter of Colonel and Mrs. R. H. Adamson, Broomfield, Dundee.  
 HANCOCK—DEROUET.—On June 23rd, 1928, at Holy Trinity Church, Bembridge, Isle of Wight, Frank Rider Thompson, son of Dr. and Mrs. Hancock, of "Clovell," Hounslow, to Gladys Estelle Mary, daughter of Mr. and Mrs. J. R. Drouet, of "Oakstead," Lane End, Bembridge, Isle of Wight.  
 HOLMES—CULLINAN.—On June 2nd, 1928, at St. Bartholomew-the-Great, West Smithfield, by the Rev. A. E. Saul, Laurence, elder son of Mr. and Mrs. Charles M. Holmes, of Upper Clapton, London, to Madeleine, daughter of Dr. and Mrs. Cullinan, late of Risca, Mon.  
 LANE-ROBERTS—MILES—SHARP.—On June 10th, 1928, Cedric Lane-Roberts, M.S., F.R.C.S., of 64, Harley Street and 17, Sussex Place, to Nell Miles-Sharp.  
 MILNER—MARDALL.—On June 23rd, 1928, at the Parish Church, Harpenden, Dr. J. G. Milner to Monica Thrale Mardall.  
 SALT—WILLIS.—On July 3rd, 1928, at Christ Church, New Malden, by the Rev. Wyndham Earle, Rector of Brimsfield, Philip Godfrey, only son of Mrs. Salt, of Hampstead, to Daphne, youngest daughter of Mr. and Mrs. G. H. Willis, of "Hillmorton," Coombe, Kingston-on-Thames.

## GOLDEN WEDDING.

- HILL—WOODWARD.—On June 25th, 1878, at Old Milverton Church Warwick, by the Rev. Canon Herbert Woodward, Vicar of St. Silas, Toxteth, Liverpool, uncle of the bride, Alex Hill, Downing College, Cambridge, son of Mr. John Hill, of the London Stock Exchange, to Emma Mary, daughter of Mr. and Mrs. Benjamin Woodward, of Holnwood, Highgate.

## DEATHS.

- CHETWOOD.—On June 28th, 1928, at 12, Christopher Street, E.C., William Chetwood, M.R.C.S., L.R.C.P., aged 82 years.  
 THISTLE.—On June 26th, 1928, at Torquay, Frederick Thomas Thistle, M.D., Hon. Consulting Physician, Torbay Hospital.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: City 0510.